United States Court of Appeals Eighth Circuit

Plaintiff/Petitioner v.	 Appeal No. District Court or Agency No. 		
Defendant/Respondent) APPLICATION TO PROCEED WITHOUT PREPAYING FEES OR COSTS			
Affidavit in Support of the Application I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.	Instructions Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.		

Date:

Signed:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	income during th	monthly amount 12 nths	1	amount ected t month
	You	Spouse	You	Spouse
Employment	\$	\$	\$	\$
Self-employment	\$	\$	\$	\$
Income from real property (such as rental income)	\$	\$	\$	\$
Interest and dividends	\$	\$	\$	\$
Gifts	\$	\$	\$	\$
Alimony	\$	\$	\$	\$
Child support	\$	\$	\$	\$
Retirement (such as social security, pensions, annuities, insurance)	\$	\$	\$	\$
Disability (such as social security, insurance payments)	\$	\$	\$	\$
Unemployment payments	\$	\$	\$	\$
Public-assistance (such as welfare)	\$	\$	\$	\$
Other (specify):	\$	\$	\$	\$
Total monthly income:				

2.	List your employment history for the past two years, most recent employer
	first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
			\$
			\$
			\$

Financial institution	Type of account	Amount you have	Amount your spouse has
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Assets owned by you or your spouse		
Home (Value)	\$	
Other real estate (Value)	\$	
Motor vehicle #1 (Value)	\$	
Make and year:		
Model:		
Registration #:		
Motor vehicle #2 (Value)	\$	
Make and year:		
Model:		
Registration #:		
Other assets (Value)	\$	
Other assets (Value)	\$	

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support.

Name (or, if under 18, initials only)	Relationship	Age

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your spouse
Rent or home-mortgage payment (including lot rented for mobile home) Are real estate taxes included? Yes No Is property insurance included? Yes No	\$	\$
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	\$	\$
Transportation (not including motor vehicle payments)	\$	\$
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in mortgage		
payments) Homeowner's or renter's:	\$	\$
Life:	\$	\$
Health:	\$	\$
Motor vehicle:	\$	\$
Other:	\$	\$
	•	•
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$	\$

Appellate Case: 24-3060 Page: 5 Date Filed: 02/12/2025 Entry ID: 5485309 5 | P a g e

Installment payments			T
Motor vehicle:		\$	\$
Credit card (name):		\$	\$
Department store (nam	ne):	\$	\$
Other:		\$	\$
Alimony, maintenance,	and support paid to others	\$	\$
Regular expenses for of farm (attach detailed s	\$	\$	
Other (specify):		\$	\$
	Total monthly expenses:	\$	\$
9.	Do you expect any major changes to expenses or in your assets or liability next 12 months?	•	ome or
□yes □No	If yes, describe on an attached shee	t.	
 Have you spent- or will you be spending- any money for expenses or attorney fees in conjunction with this lawsuit? Yes No 			
	? \$		
11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.			the costs of

Appellate Case: 24-3060 Page: 6 Date Filed: 02/12/2025 Entry ID: 5485309 6 | P a g e

12.	Identify the city an	d state of your legal residence.
	Your daytime phone	number:
	Your age:	Your years of schooling:

Appellate Case: 24-3060 Page: 7 Date Filed: 02/12/2025 Entry ID: 5485309 7 | P a g e